

NEW MEXICO TECH – Registration Form

Name _____ ID# _____ Semester _____ 20__
(Last) (First)

Email Address _____ Total Hours _____

CRN -Course Ref. Num	Subj.	Course Number	Section	Credit Hours	Course Titles	Days	Time

Signatures are required to complete registration.

Advisor _____

Graduate Office _____

(Graduate Students only)

Student _____

International Office _____

(International Students only)